



Annual School Approval Report
NONTRADITIONAL LIMITED PURPOSE PRIVATE SCHOOL
2017-2018

DIRECTIONS: Nontraditional Limited Purpose Schools seeking basic school approval in accordance with Title 20-A M.R.S.A. Section 2907 and other applicable requirements must complete and supply the information requested on this annual renewal form. **Please note that, pursuant to Section 2907, Nontraditional Limited Purpose Schools are not eligible for state subsidy.**

Person completing form: _____ Date: _____

PART I GENERAL INFORMATION

1. Name of School: _____ Phone: _____
2. Physical Address: _____
3. Mailing Address: _____
4. Primary Contact: _____ Email: _____
5. Head Administrator 2017-18: _____
6. Estimated 2017-18 enrollment: _____ 7. Grades or Age Span: _____
8. Dates the school will be in operation during 2017-18: _____
- | | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------|
| 9. Is this school accredited by NEASC? If YES, accreditation dates: | | | |
| 10. Is this a boarding school? | | | |
| 11. Is this a sectarian school? | | | |
| 12. Is this school incorporated in Maine? If YES, please attach a copy of Maine letter of incorporation. | | | |
| 13. Does this school have a board of trustees, directors, or other policy-making group that is comprised of a cross-section of the community served by the school? | | | |

CERTIFICATE

I certify that the statements herein are complete, true, and correct, and that I am authorized to represent the school submitting this report.

Date

Signature of Head Administrator

RETURN ELECTRONICALLY WITH REQUIRED DOCUMENTATION ATTACHED TO:

School Approval Consultant
SchoolQuestions.doe@maine.gov

OR

RETURN ORIGINAL AND REQUIRED DOCUMENTATION VIA USPS TO:

Maine Department of Education
23 State House Station
Augusta, ME 04333-0023

DUE NO LATER THAN AUGUST 1, 2017

PART II

HEALTH & SAFETY REQUIREMENTS

1. BUILDING STANDARDS

Please submit documentation for the items a, b or c, & d and items e, f, and g if applicable

	<u>YES</u>	<u>NO</u>
a. The State Fire Marshal or your local municipal fire department approved your school facilities within the last five years (attach documentation with the date of the last inspection);	<input type="checkbox"/>	<input type="checkbox"/>
b. Your school is heated with a boiler/pressure vessel system. If YES, submit annual boiler inspection letter and skip subpart c – if NO, subpart c is required;	<input type="checkbox"/>	<input type="checkbox"/>
c. Each room used for instructional purposes has sufficient air changes and air temperatures to produce healthful conditions (submit annual HVAC system inspection documentation);	<input type="checkbox"/>	<input type="checkbox"/>
d. The school has a comprehensive All Hazards Emergency Management Plan including fire drill, bomb threat policies and protocols (attach a copy of the current plan);	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the school include a kitchen for the preparation of meals? If YES, attach documentation that the kitchen has been approved by the Department of health and Human Services for compliance with Regulation 200 within the last twelve months ;	<input type="checkbox"/>	<input type="checkbox"/>
f. Does the school obtain water from a private source? If YES, attach documentation that the water has been tested and found acceptable by the Department of Health and Human Services within the last twelve months ;	<input type="checkbox"/>	<input type="checkbox"/>
g. Has the school has been inspected by any other officials under state, county, or municipal health, safety, building code, or similar ordinances or regulations? If YES, attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>

2. OTHER HEALTH-RELATED REQUIREMENTS

Please submit a copy of the documents for items (a) - (d)

	<u>YES</u>	<u>NO</u>
a. The school requires that all students are immunized against the common childhood diseases in accordance with Title 20-A, M.R.S.A. Sections 6352-6359;	<input type="checkbox"/>	<input type="checkbox"/>
b. School health services and the services of a school nurse or school physician are available;	<input type="checkbox"/>	<input type="checkbox"/>
c. Student medications are administered in accordance with Title 20-A M.R.S.A. Section 254[5] and Maine Department of Education Reg. Chapter 40;	<input type="checkbox"/>	<input type="checkbox"/>
d. Health screening is conducted in accordance with Title 20-A M.R.S.A. Sections 6451-6454 and Maine Department of Education Reg. Chapter 45.	<input type="checkbox"/>	<input type="checkbox"/>
e. Please submit the school's policy regarding the use of physical restraint and seclusion , including a procedure by which parents may submit a complaint regarding the use of physical restraint or seclusion on their child, based upon which the covered entity shall investigate the circumstances surrounding the incident complained of, make written findings and, where appropriate, determine to take corrective action (MDOE Chapter 33, Section 4).	<input type="checkbox"/>	<input type="checkbox"/>
f. Please submit a protocol for the Management of Students with Life-threatening Allergies , Title 20-A M.R.S.A. Section 6305.	<input type="checkbox"/>	<input type="checkbox"/>
g. Please submit a policy for the Management of Concussive and Other Head Injuries that is consistent with the model policy developed by the commissioner, Title 20-A M.R.S.A. Section 254 (public schools and each private school enrolling more than 60% of its students at public expense).	<input type="checkbox"/>	<input type="checkbox"/>

PART III

EDUCATIONAL REQUIREMENTS

Documentation requested may be an explanatory statement, copy of school policy, student/parent handbook section, program of studies, etc. for each of items 1-4

1. Educational Plan

Please attach documentation which explains the school's beliefs, mission, and primary goals;

2. **Instructional Time**
Please attach a school-year calendar (or semester calendar if students only attend one semester) and a typical weekly plan which shows that instructional time is commensurate with educational activities;
3. **Program of Study**
Please attach documentation which describes how the school's courses of study will meet the program's and the school's primary goals. What teaching strategies are used;
4. **Testing/Evaluation**
Please attach documentation which describes how the school measures student competencies and accomplishments related to the program's educational goals. How is the student's final evaluation reported to parents and or sending school units?

PART IV PROFESSIONAL STAFF

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. All instructional staff are Maine certified where appropriate and/or hold endorsements by professional boards in areas where the State does not have certification. Criminal History Record Check (CHRC) is required for all staff working with students.
*Please complete the NEO education information system Maine Schools and Staff modules prior to submitting this report. For more information please visit http://www.maine.gov/doe/schoolapproval/privateschoolapproval/index.html | <input type="checkbox"/> | <input type="checkbox"/> |

PART V RECORDS, RECORD KEEPING, NOTIFICATIONS

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The school maintains a daily written attendance record for each student; | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The school notifies the superintendent of each student's resident school unit at the start of the student's attendance; | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The school notifies the superintendent of the student's resident school unit when a student withdraw, is habitually truant, or is expelled from the school; | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Student records are stored in a fireproof safe or duplicated and stored in a different building; | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Parents or guardians are notified of their right to access to all student records regarding their child(ren) upon request; | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Parents receive notification of their child(ren)'s academic progress; | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Student records are forwarded immediately to other approved schools when a student transfers; | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the event the school closes, the school will make arrangements to transfer all student records to the superintendent of schools in the administrative unit of residence. | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE DO NOT WRITE BELOW THIS LINE – FOR MDOE USE ONLY

This is a complete and acceptable report and the school is granted a renewal of basic school approval for the period commencing September 1, 2017 and ending August 31, 2018.

(Date)

(School Approval Specialist)